

DEA State and Local Forensic Chemists Seminar Application

Name: (PRINT NAME EXACTLY AS IT IS TO APPEAR ON CERTIFICATE)		Title:	
Employer:			
Your Office Mailing Address (include city, state and zipcode)			Length of Service
Business Telephone () -	Business Fax () -	Date of Application	
Email Address			
Education			
University	Degree	Major	
Please Check Which Techniques or Equipment Are Used in Your Lab			
	Color Tests		UV
	Column Chromatography		IR
	Microcrystal tests		CE
	Thin Layer Chromatography		GC/MS
	GC		IR
	HPLC		Other(please specify)
Indicate Analytical Problem(s) Nominee Would Like to Have Covered:			
Choice of Seminar Dates:			
1st Choice:		2nd Choice:	
Laboratory Chief/Director:			
Printed Name : _____		Signature: _____	
Title: _____		Date: _____	
Phone: _____			